## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est, time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	ation																
1. Name and Mailing Address																	
CARNEGIE TELEPHONE COMPANY P.O. BOX 96												Check here if this is a change of					
CARNEGIE, OK 73015															address.		
2. Year Report Filed	Period (Endi	ing Date of Pa	ay			of Full-Time Er Period (chec											
2018		JARY 1				a. Fe b. 7 16											
SECTION II - Full-Time Empl	oyee	s.															
			Number of Employees (Report employees in only one category)														
Job Categories			Race/Ethnicity														
			anic or tino		Not-Hispanic or Latino											Total Columns	
						Ma	ale					Fer		A - N			
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			1												1	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2											25				0	
Technicians	3			6												6	
Sales Workers	4															0	
Administrative Support Norkers	5									3						3	
Craft Workers	6								v							0	
Operatives	7															0	
_aborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	7	0	0	0	0	0	3	0	0	0	0	0	10	
PREVIOUS YEAR TOTAL	11	0	0	8	0	0	0	0	0	2	0	0	0	0	0	10	

FCC 395

SECTION III - Part-Time Em	proyees	8.															
		Number of Employees (Report employees in only one category)															
Job Categories		Rece/Ethnicity															
			anic or		Not-Hispanic or Latino												
		Latino		Mele Female											Total Columns A - N		
		Male	Female	White	Black or African American	Native Hawalian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawalian or Other Pacific Islander	Aslan	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	E	F	G	н	1	J	к	L	M	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
FirsVMid-Level Officials and Managers	1.2												,			0	
Professionals	2															0	
Technicians	3			2		1										3	
Sates Workers	4															0	
Administrative Support Workers	5									1						1	
Craft Workers	6															0	
Operatives	7															0	
Leborers and Helpers	8															0	
Service Workers	9									2						0	
TOTAL	10	0	0	2	0	ī	0	0	0	1	0	0	0	0	0	4	
PREVIOUS YEAR TOTAL	11	0	0	2	0	1	0	0	0	1	0	0	0	0	0	4	
SECTION IV - Report of Discr	lminati	on Compla	ilnts Pursuai	nt to 47 CFI	22.321, 23.5	5, 80.168, 101	.4, and 101.	311.									
This is to advise the company before an This is to advise the (Attach a list Indica	ny body ie Comi	having cor mission that	mpetent jurisd t the following	liction in suc complaints	h matters durb alleging violati	ng the calenda lons of the pro	r year coven	ed by this repo y equal empio	ort. syment opport	unity statute i	have been file	d against this	company,				
SECTION V - Certification																	
I certify that to the best of my kn			ion, and belle ame of Perso		ents in this rep		_						Telephone N				
4-28-18					(580) 654-1002												
Title of Person Signing BOOKKEEPER					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												